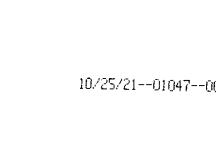
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(R	equestor's Name)	
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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
		
Special Instructions to	Filing Officer:	
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T. MATTHEWS NOV - 4 2021

COVER LETTER

	Registration So Division of Co					
CHD IEC	7087	POXY FLOOR SPECIALISTS	S LL.C			
SUBJECT: Name of Limited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Vishal Munusami				
			Name of Person			
	TAMPA EPOXY FLOOR SPECIALISTS LLC					
	Firm/Company					
		10810 Boyette Rd #2217				
			Address	 _		
		Riverview, FL 33568				
			City/State and Zip Code			
		vish@gogforce.com				
Ear furth	or information a		to be used for future annual report not	(fication)		
		concerning this matter, please ca				
Vishal Munusami		813 476-1604 at ()				
Name of Person		Area Code Daytim	ne Telephone Number			
Enclosed	is a check for the	he following amount:				
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Cor The Centre of T	rporations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAMPA EPOXY FLOOR SPECIALISTS LLC

21 OCT 25 PH 1: 08

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	y were filed on September 09, 2021	and assigned	
Florida document number L21000404269			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	<u>bility company here</u> :		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
D. If any display a large of the second of t		641	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
- 	, Florida		
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address 21 007 25 FH 1: 08	Type of Action
MGR	Burgess Aaron Perry	13738 MOONSTONE CANYON DR	□Add
		RIVERVIEW, FL 33579 UN	≣Remove
			☐ Change
			□Add
			□Remove
			□Add
			🗀 Remove
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			E Chan

Typed or printed name of signee